

Name In Full

Certificate of Death

Harriet Ellen Ballard

Died at *Upper Fairmount* Town *Connersville* County *INDIANA* MARYLANDDate 19 *03* Month *Nov* Day *21* Age *16* Y. *—* M. *—* D. *—* Native of *Indiana* Occupation *None*Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living *None*Husband of *—*
Wife of *—*Father's Name *Francis Ballard* Mother's Name *Melissa Ball*
Maiden Name *—*Cause of Death { Primary *Measles* Immediate *—* How long sick *from Infancy* Accident, Suicide, Homicide ☐Reported by *G. E. Dickinson, M.D.*Address *Upper Fairmount, Connersville Co. Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edmon Battmon

Town

County

MARYLAND

Died at

Marion

Somerset

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 17

Age

76

annan

farmer

Male

White

Married

Widow

Divorced

Female

Colored

yes

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mieue Battmon

Mother's

Maiden Name

64

Cause of

Primary

Death

Immediate

parietic stroke

How long sick

one week

Accident, Suicide, Homicide

Reported by

J. N. Waters

Address

upps Hairm

dnt md.

Must be signed by physician, if any, or by a minister.



Name in Full

Certificate of Death

Mucio C. Antwell

Town

County

Died at

MARYLAND

Date

1903

Month

Day

Nov 28

Age

87-

Native of

Somerset Co.

Occupation

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Senile Dementia

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Philip Smith Undertaker
Perris Ave. Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79889



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John T. Dix

Town

County

Virginia
~~MARYLAND~~Died at Hampton

Date

Month

Day

Years

Months

Days

of death 190

3

Nov

23

Age

64

Sex

Male

Color or
Race

white

Birth-
place

Somerset Co., Md.

Married, Single
or Widowed

Married

Occupation

waterman

Name of Wife or
Husband

Alphonse E Dix

Father's
Name

John Dix

Father's
Birthplace

Somerset Co., Md.

Mother's
Maiden Name

Margaret Daniel

Mother's
Birthplace

Somerset Co., Md.

Name of person giving
In formation

Benj. T. White

How related
to deceased

Brother in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drowning

How long

—

Immediate

Strangulation

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. G. Alexander

Address

Somerset Co. —

Accident or Suicide?

Accident



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crisfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>21</i>	Age <i>11</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Crisfield</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>School girl</i>			
Name of Wife or Husband					
Father's Name <i>George Riley Pruitt</i>			Father's Birthplace <i>Crisfield</i>		
Mother's Maiden Name <i>Mary Powell</i>			Mother's Birthplace <i>Crisfield</i>		
Name of person giving in formation <i>Mary Bigge</i>			How related to deceased <i>Mother</i>		

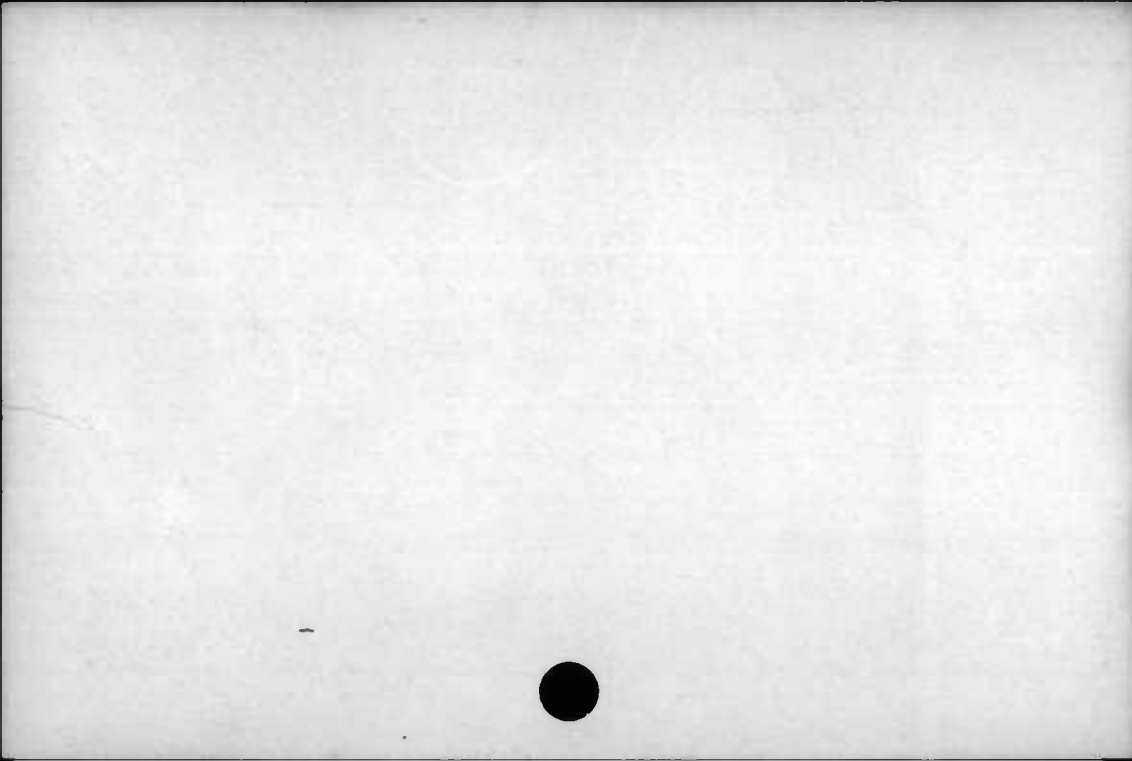
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet Fever</i>	How long <i>Over week</i>
Immediate <i>Sanguine</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Clarence E. Collins</i>
	Address <i>Crisfield</i>
Accident or Suicide?	



Name in Full		County				State	
Carrie Hayward,		Somerset Co				MARYLAND	
Died at		Crisfield		Somerset Co		MARYLAND	
Date of death 190		3	Month	14	Day	3	Years
Sex		Female		Color or Race		Mulatto	
Married, Single or Widowed		Married		Occupation		House wife	
Name of Wife or Husband		—					
Father's Name		Joshua Hayward				Father's Birthplace	
Mother's Maiden Name		Lizzie Hayward				Mother's Birthplace	
Name of person giving information		Florence Hayward				How related to deceased	
						Snow Hill	
						Pocomoke	
						Sister	
CAUSES OF DEATH							
Primary		Burn.				How long	
Immediate		shock				How long	
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician.	
Accident or suicide?		Accident				Address	
						W. H. Coulbourn, M.D.	
						Crisfield Md.	



Name
in
Full

Geo. A. McDorman

CERTIFICATE OF DEATH

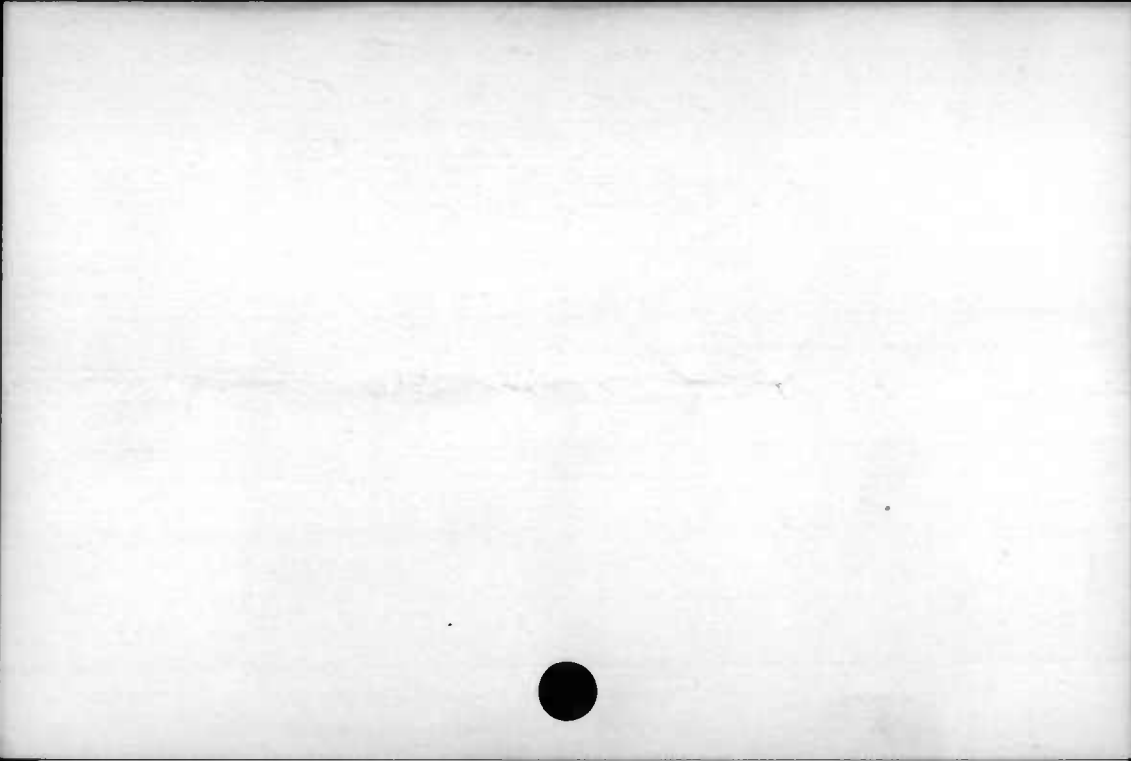
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		3	Month	10th	Day	57	Years
Sex		Male		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Merchant	
Name of Wife or Husband		Sarah Todd					
Father's Name		Geo. T. McDorman				Father's Birthplace	
Mother's Maiden Name		Martha A. White				Mother's Birthplace	
Name of person giving Information		Sarah McDorman				How related to deceased	
						Wife	

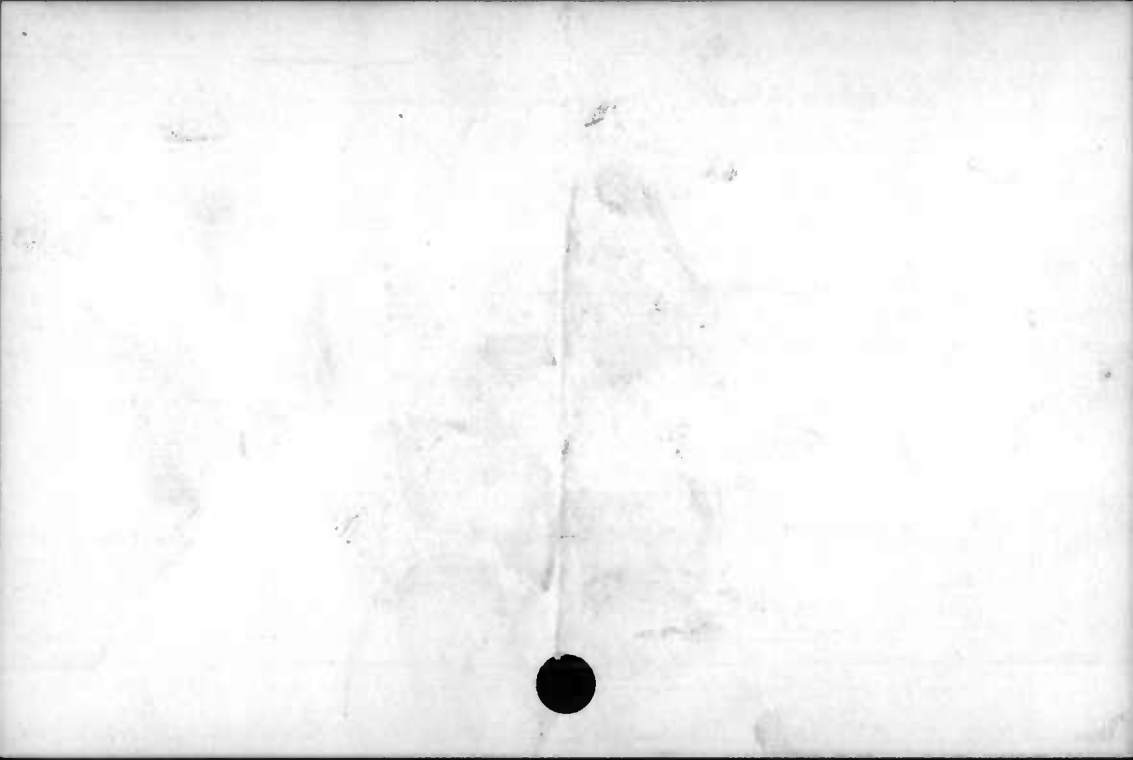
CAUSES OF DEATH

PHYSICIAN
OR CORONER

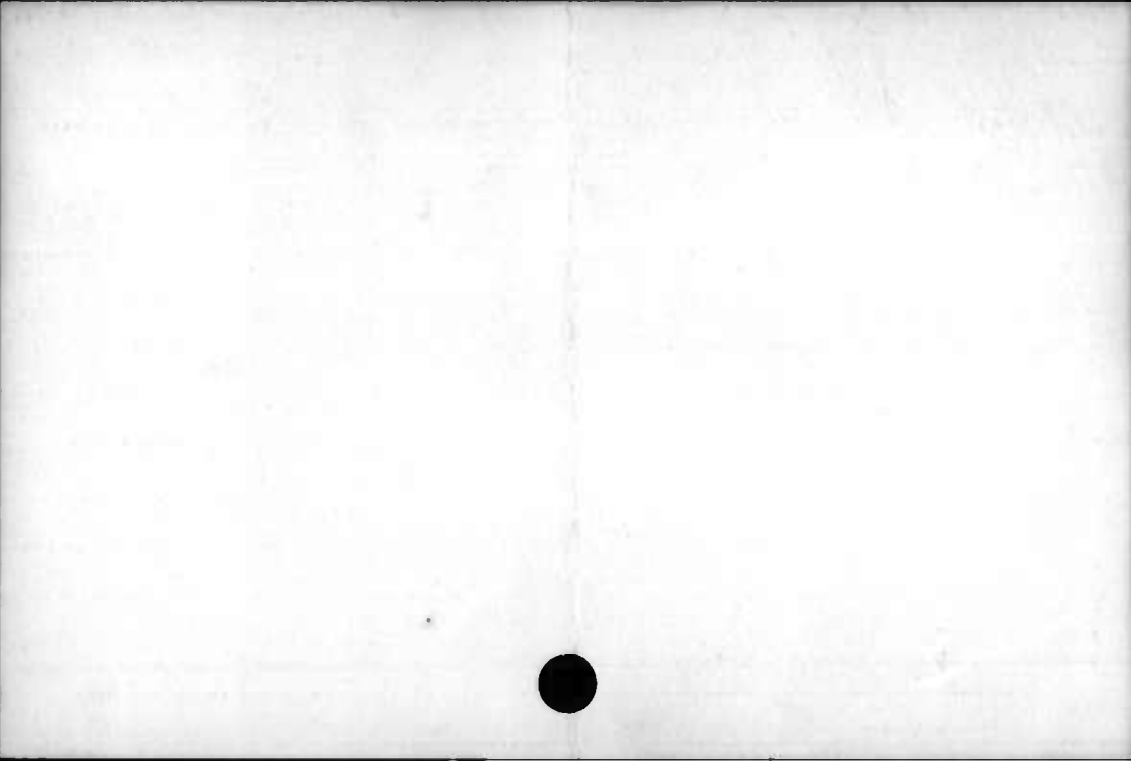
Primary	Bright's disease	How long	One
Immediate	Asthma	How long	One
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. W. Adams M.D.	
Address		Dahle Street Somerset Co. Md	
Accident or Suicide?			



Name in Full		Burlah May Maddox				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Fairmount		Somerset		MARYLAND	
		Date of death 1903		Month		Day	
		13		Nov		20	
		Age		Years		Months	
		1		18		5	
		Sex		Female		Color or Race	
Birthplace		Fairmount		Married, Single or Widowed		Single	
Occupation		None		Name of Wife or Husband			
Father's Name		Robert Maddox		92		Fether's Birthplace	
Mother's Maiden Name		Lizzie Horsey				Mother's Birthplace	
Name of person giving information		Evelyn Hall				How related to deceased	
		Not at all					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Broncho Pneumonia		How long	
						2 weeks	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
						G. E. Dickinson	
				Address		Upper Fairmount	
		Accident or Suicide?					



Name in Full		Hannah Miles				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Westover				Somerset			
	Date of death 1903	Month	Day	Years	Months	Days		
		Nov.	7	88				
	Sex	Color or Race		Birth-place				
		balord		Dorchester				
	Married, Single or Widowed	Occupation						
		Widow						
PHYSICIAN OR CORONER	Name of Wife or Husband		adam Miles					
	Father's Name		Levin Dennis					
	Mother's Maiden Name		Harriet Haystack					
	Name of person giving information		John Miles					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Heart Trouble				How long	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
			Address					
Accident or Suicide?								



Name in Full

Mary E Nelson

MARYLAND

Died at

Town
Crisfield

County

Somerset

Date 189

03.

Month

11

Day

19

Age

Y.

M.

D.

- 6 - 28

Native of

Md

Occupation

none

☒ Male☐ White☒ Married☐ Widow☐ Divorced☐ Female☐ Colored☐ Single☐ Widower

Number of children living

1

Husband

of 4

Wife

Father's

Name

L. Ed Nelson

Mother's

Name

Nettie E Nelson

Cause of

Primary

marasmus

Death

Immediate

How long sick

3 mo.

~~Accident, Suicide, Homicide~~

Reported by

W. A. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at *Infant No name Parks*
 Town *Fairmount* County *Somerset* MARYLAND

Date 19*03* Month *Nov* Day *13* Age *- - 13* Native of *Somerset* Occupation *none*

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *100*

Husband of _____

Wife

Father's Name *Severn Parks* Mother's Maiden Name *Renia Wilson*

Cause of Death	Primary <i>Stomachitis</i>	How long sick <i>one week</i>
	Immediate <i>convulsions</i>	Accident, Suicide, Homicide

Reported by *G. B. Dickinson*

Address *Upper Fairmount*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

Austin E. Rieger

CERTIFICATE OF DEATH

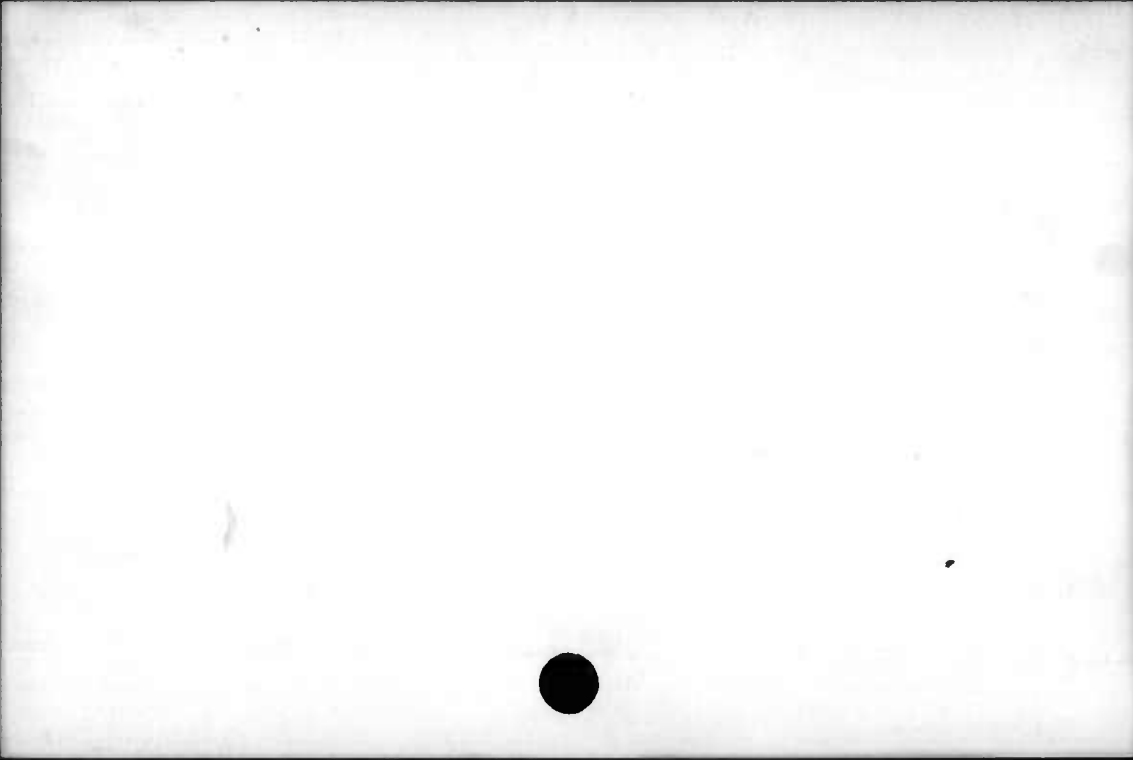
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marysville</i>			County <i>Brown</i>			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
<i>1903</i>	<i>Nov</i>	<i>23</i>	<i>63</i>				
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Marysville</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Marysville</i>				
Married			Name of Wife or Husband <i>Isaac Rieger</i>				
Father's Name <i>David Rieger</i>				Father's Birthplace <i>David Rieger</i>			
Mother's Maiden Name <i>David Rieger</i>				Mother's Birthplace <i>David Rieger</i>			
Name of person giving Information <i>George Massey</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Phthisis</i>	How long <i>1 1/2 yrs</i>
Immediate <i>Same as above</i>	How long <i>Same as above</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. A. Adams</i>
	Address <i>Pocomtucky Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>17</i>	Age	Years <i>14</i>	Months <i>4</i>	Days <i>2</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Crisfield</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Oyster shucker</i>				
Name of Wife or Husband							
Father's Name <i>Riley Pruitt</i>				Father's Birthplace <i>Crisfield</i>			
Mother's Maiden Name <i>Mary Powell</i>				Mother's Birthplace <i>Crisfield</i>			
Name of person giving In formation <i>Mary Siz</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>Six months</i>
Immediate	<i>Scarlet fever</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Clarence E. Collins</i>	
		Address <i>Crisfield</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Maria Jane Reddish
 Town County

Died at

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

11 28

Age

66 14

Md

Housekeeper

Male

White

Married

Widow

~~Married~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

3

Wife of

Geo. W. Reddish

Wife

Father's

Name

David B. Barber

Mother's

Maiden Name

Martha Ferlove

Cause of

Primary

Asthma

69

How long sick

months

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

J. B. Long, M.D.

Address

Allen

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name

in
Full

Andrew W. Robinson, Col.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beale Island</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>Nov</i>	Day	<i>29</i>
Age		<i>16</i>	Years	Months	<i>6</i>
Sex		<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place
Married, Single or Widowed		<i>single</i>		Occupation	
Name of Wife or Husband		<i>—</i>			
Father's Name			<i>Jacob T. Robinson</i>		
Father's Birthplace			<i>Beale Island</i>		
Mother's Maiden Name			<i>Henrietta Catman</i>		
Mother's Birthplace			<i>Beale Island</i>		
Name of person giving information			<i>Jacob T. Robinson</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>8 mos.</i>
Immediate	<i>Hæmorrhage</i>	How long	<i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>H. G. Alexander</i>	
Address		<i>Somerset Co.</i>	
Accident or Suicide?		<i>—</i>	



Name
in
Full

Mary A. Somers

CERTIFICATE OF DEATH

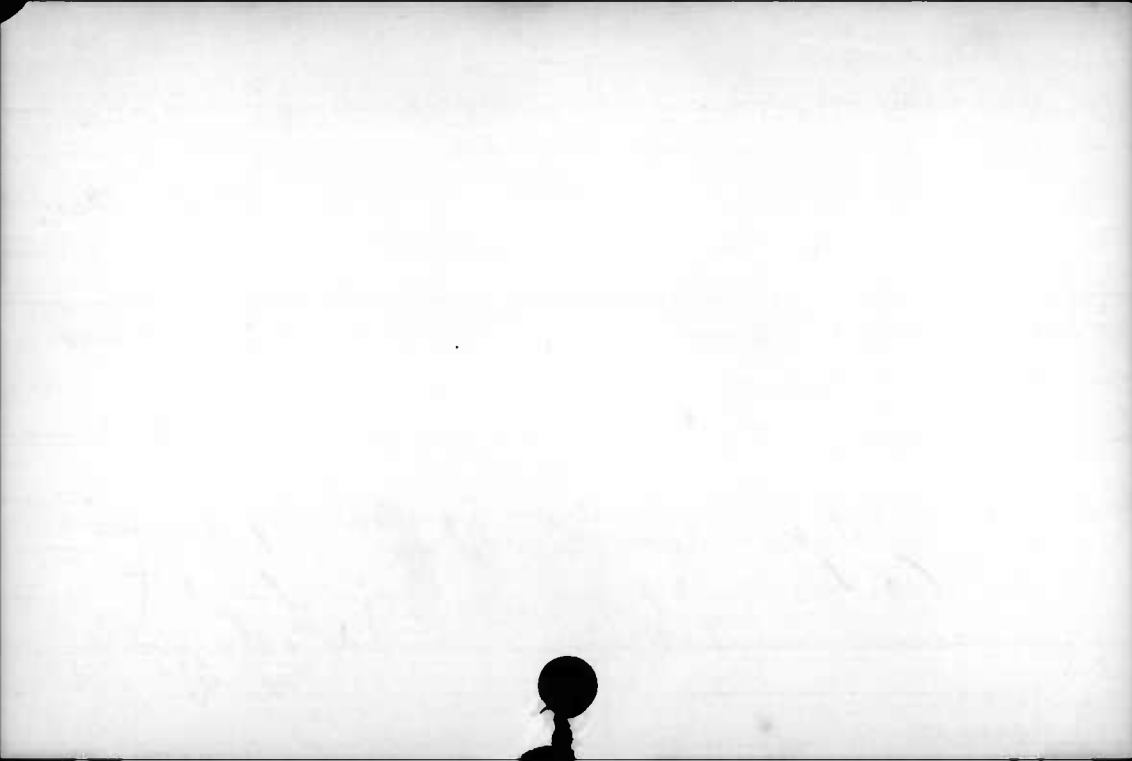
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lansdownia</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>30</i>	Age <i>89</i>	Years	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co.</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Abraham</i>					
Father's Name <i>Littleton Tyler</i>			Father's Birthplace <i>Ms</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>79</i>		
Name of person giving information <i>Abt Somers</i>			How related to deceased <i>Grand son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>One Week</i>
Immediate	<i>Asphy</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. F. Somers, M.D.</i>	
		Address <i>Broughton Rd</i>	
Accident or Suicide? <i>.</i>			



Name in Full

Certificate of Death

Gussie Eunice Sterling

Town

County

Died at

Crisfield

Somerset

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

11, 26

Age

3, 8, 2

Md

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Wm C. Sterling

Mother's Name

Ella Sterling

Cause of

Primary

Scarlet Fever

How long sick

18 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. F. Stall

Address

Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Susan Stewart

Recd 12/15/03
Adair Davis Jr

Town

County

MARYLAND

Died at

Marvin es Somerset

Month Day

Y. M. D.

Native of

Occupation

Date 19 03 Nov 24

Age 60 2 1

Md

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Eight

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jenny H. S. Swift

Died at *Bedsouth* Town

County

Sumner

MARYLAND

Date

of death 1903

Month

Nov

Day

21

Years

Age

26

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Douglas Md*Married, Single
or Widowed*yes*

Occupation

*House Wifes*Name of Wife or
Husband*Jenny H. Swift*Father's
Name*Delamater H. Dennis*Father's
BirthplaceMother's
Maiden Name*Martha C. Mathews*Mother's
BirthplaceName of person giving
In formation*her sister*How related
to deceased

CAUSES OF DEATH

Primary

Consumption

How long

one year

Immediate

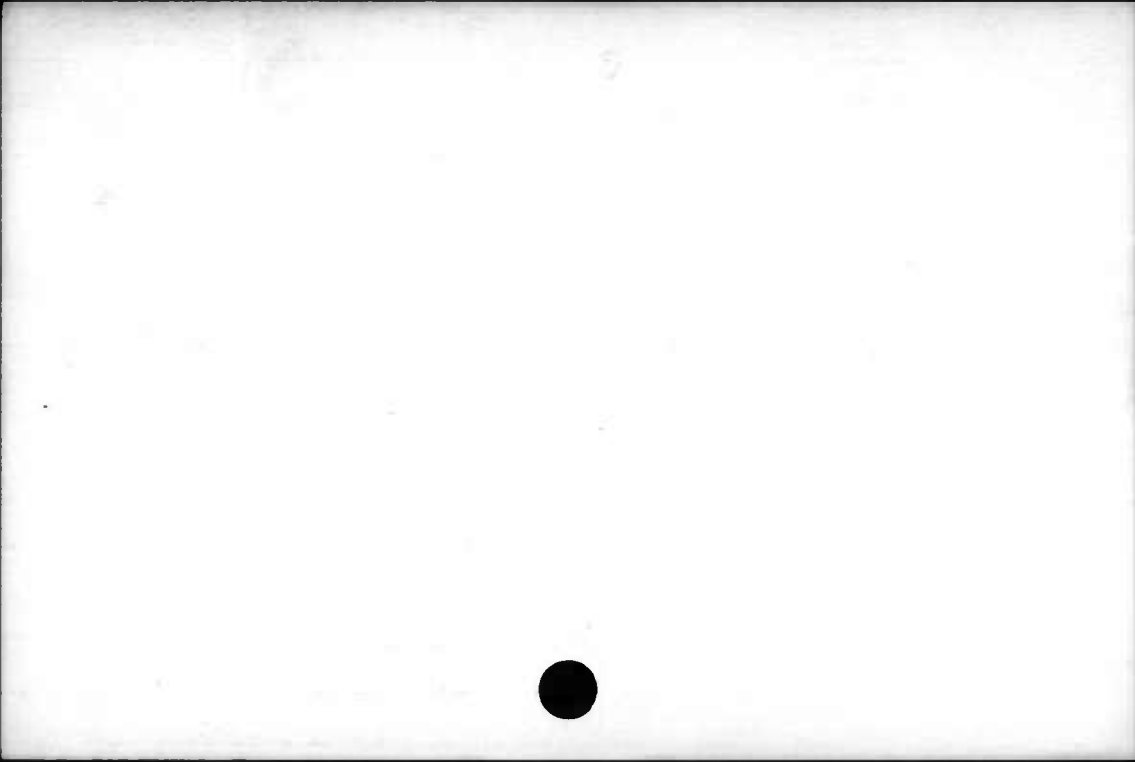
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*none*

Address

Bedsouth Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Wm H. Thomas

CERTIFICATE OF DEATH

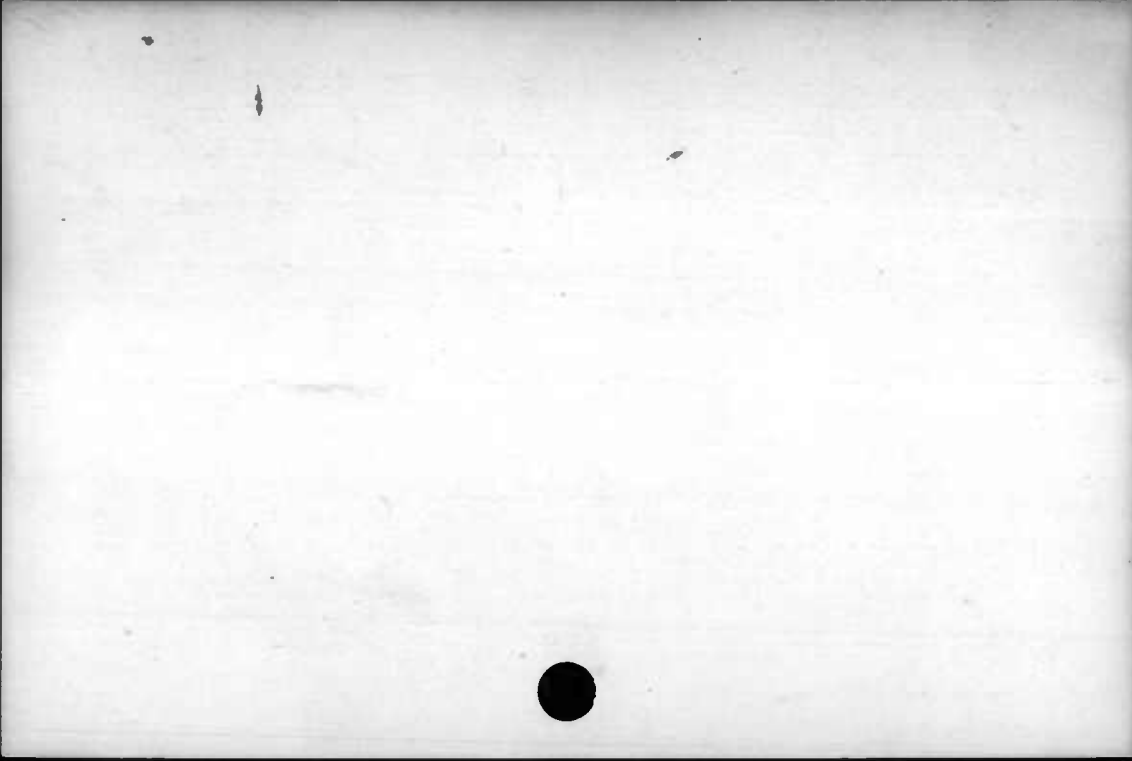
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Deals		Town		Island		County		Somerset		MARYLAND	
Date of death 190		3		Month		Nov.		Day		17		Age	
		66		Years				Months				Days	
Sex		Male		Color or Race		White		Birth-place		Deal Island			
Married, Single or Widowed		Married (25 years)		Occupation		Waterman							
Name of Wife or Husband		Mary A. Bloodworth											
Father's Name		Elisha Thomas											
Mother's Maiden Name		50											
Name of person giving information		Sam Hornum (Son in law)											
How related to deceased		Son in law											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Diabetes Mellitus		How long		10 months	
Immediate		Atherosclerosis		How long		1 week	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. G. Alexander	
				Address		Deal Island	
						Somerset Co	
Accident or Suicide?							



Name in Full

Certificate of Death

*No name*Died at *Marion* Town *Somerset* County **MARYLAND**Date 189*0* *3* Month *11* Day *8* Y. *2* M. *9* D. *Mar* Native of *Mar* Occupation *Mar*~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~Husband *or*
WifeFather's Name *I C. H. Townsend* Mother's Name *Annie C. Townsend*Cause of Death { Primary *Innervation* Immediate *Echymosis* How long sick *2 months* Accident, Suicide, HomicideReported by *W. F. Hall*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Died at

Date 19

03

Male

Female

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sidney Turpin

Town

County

Kingston

Somerset

- MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

11

19

16

Age

Md

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Mother's

Maiden Name

Albert B Turpin

Primary

Immediate

Gun shot wound of chest

Haemorrhages

G. T. Lincouison

Cusfield

Md

How long sick

2 days

Accident, Suicide, Homicide



Amelia Turpin
 Town County

Died at Westover Somerset MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 1903 11 5 Age 75 Mod.
~~Male~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 1

Husband of Geo Turpin
 Wife

Father's Name Robert Beauchamp Mother's Name

Cause of Primary Asthma How long sick Several years

Death Immediate 11 to old age Accident, Suicide, Homicide

Reported by G. W. Gill M. D.

Address Manokin, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Henry Tyler

CERTIFICATE OF DEATH

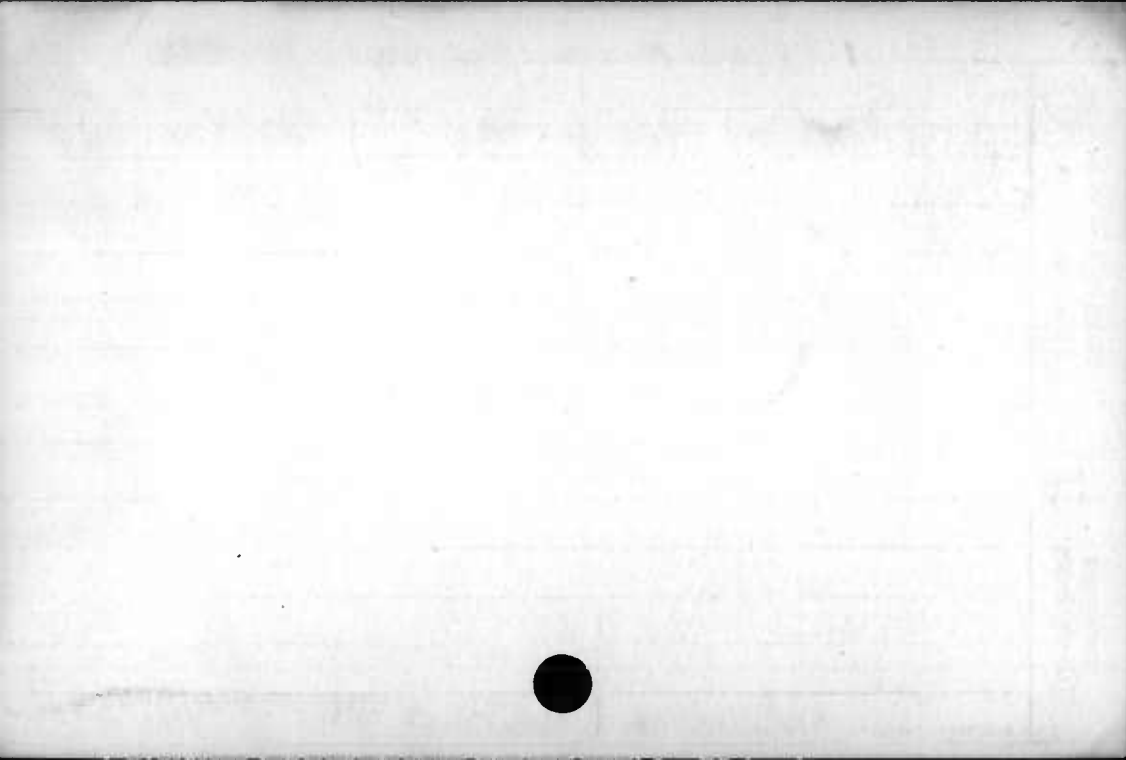
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 190		3		Nov		8	
Sex		Male		Color or Race		White	
Married, Single or Widowed		Widower		Occupation		Oysterman	
Name of Wife or Husband		wife dead.		Birth-place		Md.	
Father's Name		Father's Birthplace		Mother's Birthplace		How related to deceased	
Mother's Maiden Name		Geo. E. Tyler		154		Son	
Name of person giving information		154		154		154	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Old Age		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide?		Address	



Name in Full

Certificate of Death

John Whittington

Died at *Lorssfield* Town *Bonanza* County

MARYLAND

Date 1903 11. 14 Y. 78 M. D. Native of *Ind.* Occupation *Apprentice*

Male White Married Widow Divorced

Female Colored Single Widowed Number of children living 6

Husband of *+*

Wife

Father's Name *+* Mother's Name *+*

Cause of Death { Primary *Cholera Morbus*

{ Immediate *Heart Failure*

W. F. Hall

How long sick *One day*

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cecilia Wilson

Town

County

MARYLAND

Died at Near P. O. Box

Date

Month

Day

Years

Months

Days

of death 1903

11

15

Age

35

Sex

female

Color or
Race

Caucasian

Birth-
place

md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Geo Wilson

Father's
Name

Merion Kane

Father's
Birthplace

md

Mother's
Maiden Name

Polly Ballou

Mother's
Birthplace

md

Name of person giving
Information

Geo A. Corbin

How related
to deceased

CAUSES OF DEATH

Primary

Consumption

How long

Immediate

Catheter

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Tillettou Wilson

CERTIFICATE OF DEATH

Town

County

Died at *Panne*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1903**Nov 18*

Age

28

Sex

*Male*Color or
Race*Colored*Birth-
place*Prince Georges*

Occupation

*Laborer*Where Residing if not
at place of death*11*Married, ~~Single~~
or ~~Widowed~~Name of Wife or
HusbandFather's
Name*David Wilson*Father's
BirthplaceMother's
Maiden Name*unknown*Mother's
Birthplace*Panne*Name of person giving
In formation*Augustus Wilson*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

How long

4 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*James F. Harris
Underdoctor
PT. Linn*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

